

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869123

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6		1		1		
7				1		
8				1		
9		1		1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14	1			1		
15	1			1		
16	1			1		
17	1			1		
18	1			1		
19		1		1		
20	2			1		
21	2			1		
22	1			1		
23				1		
24	1			1		
25	1			1		
26	1			1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
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36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52						
53						
54						
55						
56						
57						
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					4	
TOTAL DEP.					47	
TOTAL CLAIMS					51	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831